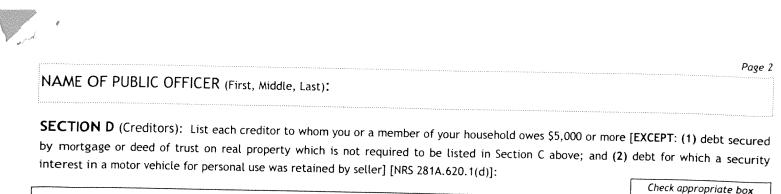


NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read instructions carefully before completing. (Attach additional sheets if necessary)

A A A A	×				3	
NAME: (First, Middle, Last) Ella CITY, STATE, ZIP:	- <i>N</i> .	Hight	ADDF (Numbe	RESS: r, Street) 370 E . #a	with	
CITY, STATE, ZIP:	Box 31	63 NV 891	da TELE	PHONE:	125-24	1.0-6
E-MAIL:	Management of the Control of the Con	LENGTH	OF RESIDENCE	LENGTH OF RES WHERE REGISTE	IDENCE IN DISTR	CT
TECTION A /I C		IN NEVAL	OA (Years):	Leass WHERE REGISTE	RED TO VOTE (Y	'ears):
SECTION A (Information ab 281A.620.1(g) Please indicate	out your public why you are filing	office): List all put this form by choosir	blic offices for w ng the appropriat	hich this financial disclos e box below.	ure statement i	s required N
ANNUAL FILING:CANDIDATE FILING:NEWLY APPOINTED:	Filed by elected Filed by candida	and appointed offic tes for public office inted to fill an unex	ers (if required) no later than the	no later than January 15t e 10th day after the last c elected or appointed pub	lav to qualify	a candidate ter than the
YPE OF FILING (check on	e):	Annual		Candidate	New Ap	pointmer
TITLE OF PUBLIC OFFICE (Include the title of the office you entity that employs this posit: Do not	hold or are seeking	and the name of the	Elected (E) appointed (A) appointed to elected (AE) of (Choose - E, A,	or entitled to annual compensation of fice. \$6,000 or more?	Amount of compensation received annually	Date elected or appointed (mm/yy)
Golconda Wa	Hen		Elc.	NO	NA	1-3-11
CTION B (Sources of Incomyour household who is 18 years	ne): List each sou	rce of your income ((in addition to ar	ny source listed in Section	n A), or that of	any membe
SOURCES OF INCOME						priate box
CCT SCA	300110	SES OF INCOME			Self	Member
SSI ESSD						
TION C (Real Property): L member of your household ha ted in this state or an adjacent	as a regul of Delle	incial interest; (2)	e of all real estar the fair market	te (other than personal revalue of which is \$2,500	esidence): (1) ir or more; and (which you 3) which is
SPECIFIC LO	CATION (Address	, City, State)	P	ARTICULAR USE (Rer	ital Vacation La	ad ata)
1	A			The first the fi	racation, Lai	ia etc.)
,						



	Check appropriate box	
CREDITOR NAME	Self	Household Member
N/H		

SECTION E (Gifts): List the identity of the donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [EXCEPT: (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281A.620.1(e)]:

DONOR NAME	DECEMBER		
DONOR NAME	DESCRIPTION OF GIFT	VALUE OF GIFT	
-	1.0		
	1//		
	V / · J		

SECTION F (Business Entities): List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281A.620.1(f)]:

,		Check appropriate box	
BUSINESS ENTITY	Self	Household Member	
// / TI			

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Signature:

Print Name:

Date:

1-12-2012

ALL Elected and Appointed Public Officers and Candidates for Public Office file completed paper financial disclosure statements with:

NEVADA SECRETARY OF STATE
ELECTIONS DIVISION
101 NORTH CARSON STREET, SUITE 3
CARSON CITY, NEVADA 89701
(775) 684-5705 Phone © (775) 684-5718 Fax